

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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42	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	1		1		1	
58						
59						
60						
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99						
100						
TOTAL IND.	2		1		1	
TOTAL DEP.	38		30		27	
TOTAL CLAIMS	40		37		37	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

TEST AVAILABLE COPY